



# **APPLICATION FOR ACCREDITATION**

## **2016**

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(Applicant)

**A. General Information**

List the following:

1. Applicant's Executive Offices:

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2. URL of Applicant's Web Site:

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3. Mailing Address:

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4. Identify the Senior Management individual or individuals to whom the compliance officer will report under your Compliance Program.

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5. List the telephone number and e-mail address for each person named above.

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6. Provide the name and address of government agency(ies) that licenses/license Applicant.

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7. List dates of live racing to be held in 2016.

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8. List expected dates of live racing to be held in 2017.

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**B. Injury And Fatality Reporting and Prevention**

**1. Do you participate in the InCompass Equine Injury Database (EID)?**

Yes  No

If YES,

- É When did you begin participation in EID?
- É List veterinarian(s) responsible for completion of injury reports and indicate veterinarian's employment status (Official Veterinarian/Commission Veterinarian/Association Veterinarian).
- É If applicable, list personnel responsible for data entry (if other than veterinarian(s) listed above).
  - ó Describe how, and by whom, information is provided to data entry personnel for EID submission.
- É Provide confirmation from InCompass verifying your current participation in the EID.
- É For which of the following circumstances do you enter data into the EID?
  - Scratches
    - ÉAM ó Official Veterinarian Scratches related to racing soundness?
      - ó If no, provide a Plan for commencement of such reporting.
    - ÉAM ó Scratches submitted by trainers or private practicing veterinarians relating to illness, racing soundness or other medical conditions?
      - ó If no, provide a Plan for commencement of such reporting.
    - ÉPM ó Veterinary scratches relating to horses injured traveling to, in, or exiting the paddock or saddling enclosure?
      - ó If no, provide a Plan for commencement of such reporting.
    - ÉPM ó Veterinary scratches relating to horses injured or determined to be unsound in the post parade?
      - ó If no, provide a Plan for commencement of such reporting.
    - ÉPM ó Veterinary scratches relating to gate incidents or flipped horses (Injury status unclear)?
      - ó If no, provide a Plan for commencement of such reporting.
  - Racing

É Fatal Conditions (musculoskeletal injuries and/or sudden death)?

ó If no, provide a Plan for commencement of such reporting.

É Non-Fatal Conditions (musculoskeletal and/or otherwise)?

ó If no, provide a Plan for commencement of such reporting.

➤ Training

É Fatal Conditions (musculoskeletal injuries and/or sudden death)?

- If no, provide a Plan for commencement of such reporting.

É When training data is submitted, who is responsible for providing information?

É Is follow up conducted to confirm the accuracy of the data received from "2nd hand" sources?

É Please provide EXCEL spreadsheet (downloaded from EID Web site) of EID participation for the previous 60 days of live racing. If unable to complete for preceding 60 days because it is the beginning of a race meet or the race meet is less than 60 days, provide previous meet's EID data. Horse and trainer names may be redacted.

É Please provide a narrative explaining an internal analysis of your EID data and how you may have used this analysis in determining operational changes, if applicable.

If NO,

É Explain reasons for current non-participation and Plans for future participation.

**2. Are all racehorses subject to a pre-race examination by a Regulatory or Association Veterinarian?**

Yes  No

If YES,

É List veterinarian(s) responsible for examinations and indicate veterinarian's job title (Official Veterinarian, Association Veterinarian).

É Provide written documentation of the protocols utilized for pre-race veterinary examination, signed by Veterinarians listed above.

É Provide written documentation of the protocols detailing lines of communication and procedures enlisted between the examining veterinarian and the stewards when the examining veterinarian determines a horse is unsuitable to participate.

É Does your examining veterinarian utilize the InCompass Pre-Race Examination module to collect and share examination data on all horses subjected to pre-race examination?

If NO,

É Explain why all horses are not subject to a pre-race examination by a Official or Association Veterinarian and describe any other measures taken to examine horses pre-race and provide Plans for future pre-race examination programs.

É Describe your efforts in advocating for adoption of pre-race examination protocols.

**3. Are all racehorses subject to post-race observation by an Official or Association Veterinarian?**

Yes  No

If YES,

É List Veterinarian(s) in Charge (VIC) of observing horses following each race and indicate veterinarian's job title (Official Veterinarian, Association Veterinarian).

- É Provide written documentation of protocols involved in post-race veterinary observation, signed by Veterinarians listed above.
- É Provide written explanation of follow-up involved with horses observed to potentially have an injury and/or other medical condition, signed by Veterinarian in Charge (VIC).

If NO,

- É Explain why all horses are not subject to post-race observation by a Official or Association Veterinarian and describe any other measures taken to examine horses post-race and describe future Plans for implementing a post-race examination program.

**4. Are all racehorses that suffer catastrophic injury during the Race Day or during any Non-Race Day activity at your facility subject to Post Mortem Veterinary Examination?**

Yes  No

If YES,

- É Provide written documentation from your racing commission confirming that Post Mortem Veterinary Examinations are being performed on all horses suffering catastrophic injuries, signed by the Official Veterinarian or other appropriate racing commission representative.
- É Provide written documentation of standard procedures for all horses undergoing Post Mortem Veterinary Examination, including the taking of blood, urine, and/or tissue samples for drug testing and transportation to diagnostic laboratory, signed by the Official Veterinarian.
- É Attach an example of a Post Mortem Veterinary Examination report for a Race Day racehorse, with all identifying information redacted.
- É Describe how Post Mortem Veterinary Examination information is used (e.g., racing commission annual statistical reports) and list individuals or organizations authorized to receive Post Mortem Veterinary Examination information.

If NO,

- É List any circumstances under which a Post Mortem Veterinary Examination may be authorized and attach an example of a Post Mortem Veterinary Examination report for a Race Day racehorse, with all identifying information redacted.

**5. Do you maintain a Veterinarian's List?**

Yes  No

If YES,

- É List veterinarian(s) in charge of maintaining such list and indicate veterinarian's job title (Official Veterinarian, Association Veterinarian).
- É Provide written explanation of the protocols involved to determine if a horse warrants addition to the List, signed by Veterinarians listed above.
- É Provide written explanation of the protocols and procedures for a horse being removed from the Veterinarian's List, signed by Veterinarian in Charge, including what personnel are capable of physically removing a horse from the Veterinarian's List.
- É Provide documentation of states or jurisdictions with whom you share Veterinarian's List information, signed by Veterinarian in Charge.
- É Provide confirmation that you utilize InCompass Solutions Race Track Operating System (iRTO) for sharing Veterinarian's Lists among jurisdictions.

If NO,

- É Explain why you do not maintain a Veterinarian's List and list alternative resources upon which you rely and provide a Plan for your future participation in a Veterinarian's List.

**6. Do you maintain a Restricted or similar List?**

Yes  No

If YES,

É Provide written explanation of the difference between this list and any other official lists including, but not limited to, the VeterinariansøList, StartersøList, StewardsøList, etc.

**7. Do your Veterinarians enlist a program of identifying "horses of interest" which may warrant further scrutiny in pre-race examinations and/or in the post parade?**

Yes  No

If YES,

É Provide details of strategies incorporated to determine "horses of interest."

**8. Do you conduct an "Injury Review" that reviews situations when there is increased frequency of catastrophic breakdowns?**

Yes  No

If YES,

É Provide the names and affiliations of members of the committee (or, in case the committee is formed ad hoc, names and affiliations of potential members of the committee).

É Provide written documentation of the injury review process.

É Describe how the actions of the Injury Review Committee may be utilized to augment change in operations.

If NO,

É Explain why you have not created an Injury Review Committee and describe Plans for future policy adoption.

**9. Do the responsibilities of the Official Veterinarian fall under the auspices of the local regulatory body?**

Yes  No

If NO,

É Explain the current oversight of the Official Veterinarian in your jurisdiction.

**10. Do you have written protocols in place detailing the responsibilities of the Official Veterinarian?**

Yes  No

If YES,

É Provide a copy of the protocols of the responsibilities of the Official Veterinarian including, but not limited to, Pre-Race Examinations, Post Race Observation, Administration of Furosemide, Veterinarians' Lists, and Necropsy.

If NO,

É Explain why you do not have written Official Veterinarian Protocols and describe Plans for future adoption.

**C. Safety Equipment and Safer Racing Environment**

**1. Does your local regulatory body have a rule in place similar in manner to ARCI-008-010(G)**

**concerning safety and care of horses?**

Yes  No

If YES,

- É Provide a copy of the rule from your local regulatory authority rule book or from your Condition Book.
- É Do you have a reporting mechanism, such as a toll-free phone number where violations of this rule can be reported anonymously?

If NO,

- É Provide a Plan for advocating your regulatory body to adopt a rule or regulation concerning safety and care of horses.
- É Provide a Plan for implementing a reporting mechanism for instances of horse mistreatment.

**2. Do you prohibit horses from wearing horseshoes on their front feet that have certain traction devices such as toe grabs that may restrict the natural forward slide of the hoof upon impact?**

Yes  No

If YES,

- É Provide a copy of the state regulatory body rule or regulation or House Rule, signed by the appropriate issuing authority, outlining all banned traction devices.
- É Provide written documentation of standard procedures for pre-race shoe inspections/changes, and the recording thereof, signed by the person(s) responsible for enforcing rules on horseshoes.
- É Attach one example of your communications regarding shoe standards to your personnel with a need-to-know (such as an in-house memo) and at least one example of your communications to horsemen (e.g., overnight or condition book page) regarding shoe standards.

If NO,

- É Explain why you have not adopted a horseshoe policy and describe Plans for future policy adoption.

**3. Do you require all licensed jockeys to only use cushioned riding crops in accordance with the RCI Model Rules during all races?**

Yes  No

If YES,

- É Provide a copy of your House Rule or state regulatory body rule or regulation requiring cushioned riding crops, signed by appropriate issuing authority.
- É Provide written documentation of standard procedures for ensuring compliance with the riding crop specifications and use of the riding crop regulations, and name(s) of individual(s) responsible for enforcement.
- É Attach one example of your communications regarding riding crop standards and use of the riding crop regulations to your personnel with a need-to-know (such as an in-house memo) and an example of your communications to jockeys and trainers (e.g., overnight or condition book page) regarding riding crop standards and observance/enforcement of the riding crop regulations.

If NO,

- É Explain why cushioned riding crops are not in general use and provide a Plan for their adoption in the future.

**4. Are all assistant starters and other licensees mounted on a horse or stable pony on association grounds at any time required to wear safety helmets?**

Yes  No

If YES,

- É Provide a copy of your state regulatory body rule or regulation or House Rule requiring safety helmets for designated licensees, signed by appropriate issuing authority.
- É Provide written documentation of standard procedures for ensuring compliance with the safety helmet rule(s) and name(s) of individual(s) responsible for enforcement.
- É Attach an example of your communications regarding riding helmets to your personnel with a need-to-know (such as an in-house memo) and at least one example of your communications to horsemen, jockeys, exercise riders and other backstretch workers (e.g., overnight or condition book page) regarding safety helmets.

If NO,

- É List any licensee not required to wear a safety helmet while mounted on a horse or a stable pony on association grounds and give detailed explanation why such licensee is not required to wear a safety helmet.
- É Explain why a safety helmet rule is not currently in place and provide a Plan for future implementation.

**5. Are all assistant starters and all licensees who are mounted on a horse or stable pony on association grounds at any time, required to wear safety vests?**

Yes  No

If YES,

- É Provide a copy of your state regulatory body rule or regulation or House Rule requiring safety vests, signed by appropriate issuing authority.
- É Provide written documentation of standard procedures for ensuring compliance with the safety vest rule(s) and name(s) of individual(s) responsible for enforcement.
- É Attach one example of your communications regarding safety vests to your personnel with a need-to-know (such as an in-house memo) and to backstretch licensees such as exercise riders or jockeys.

If NO,

- É Explain why a rule for safety vests for assistant starters or certain other licensees who may perform certain job functions on horseback is not in place, and provide a Plan for future implementation.

**6. Are all your starting and training gates equipped with padding?**

Yes  No

If YES,

- É Provide the manufacturer or other specifications for gate/padding utilized in your starting and training gates.

If NO,

- É Explain why padded starting gates are not in use and provide a Plan for future implementation.

**7. Do you have standard operating procedures in place to remove the starting gate from the racing surface in a safe and timely manner?**

Yes  No

If YES,

- É Describe the standard operating procedures in place for removal of the starting gate from the racing surface, including “back-up” plans.



If NO,

- É Explain why you do not have standard operating procedures for removal of the starting gate from the racing surface and provide a Plan for future adoption.

**8. Do you have an audible/visual emergency racetrack warning system in place on your main track and your training track(s)?**

Yes  No

If YES,

- É Describe the equipment, its locations and its operation.
- É Describe the standard operating protocols to trigger the emergency warning system and how it may be used to call off a race or training in the event of an emergency in a manner similar to Model Rule ARCI-007-020(M).

If NO,

- É Explain why you do not have an emergency racetrack warning system on your racetrack and training track(s) and provide your plans to procure this equipment and implement relevant protocols.
- É Describe current protocols to call off a race or training in event of an on-track emergency.

**9. Do you have an on-site equine ambulance?**

Yes  No

If YES,

- É Provide a copy of your state regulatory body rule or regulation or House Rule requiring an equine ambulance, signed by appropriate issuing authority.
- É Attach a copy of the ambulance manufacturer's specifications for your equipment, if available.
- É Attach a copy of the list of standard medical triage equipment contained in the equine ambulance.

If NO,

- É Explain why you do not have an on-site equine ambulance and detail your alternative measures for providing emergency care to injured horses, and provide a Plan for securing an on-site equine ambulance.

**10. Does your regulatory body have a policy for addressing substance abuse and addiction for licensees in a manner similar to the Model Rule ARCI-008-010?**

Yes  No

If YES,

- É Provide a copy of your state regulatory body rule or regulation concerning substance abuse and addiction.
- É Provide examples of communications to horsemen and/or employees in which you provide information on where individuals can seek assistance, if needed.
- É Provide a description of any human care/social services facility or organization with which your racing facility is associated and/or funds for purposes of assisting individuals with substance abuse or addiction issues.

If NO,

- É Provide a Plan for advocating your regulatory body to adopt a rule or regulation concerning substance abuse or addiction.

**11. Does your track have a program to assist personnel with Problem Gambling?**

Yes  No

If YES,

- É Does your program include support for both frontside and backstretch personnel?
- É Does your program reflect recommendations as provided in the ARCI model rule on Problem Gambling and the Responsible Wagering Resources Guide for Race Track Managers published by the Winners Federation?
- É Please describe your in place program and provide any support materials utilized in ensuring awareness of the program and provide a plan for implementing such a program.

If NO,

- É Explain why you do not have an in place program to support both front side and backstretch personnel with gambling problems.

**12. Do you fund and/or participate in independent research to promote a safer racing environment?**

Yes  No

If YES,

- É Provide written documentation of your participation in/funding of independent safety research within the past 12 months.
- É Attach one example of your communications regarding safety research program participation to your personnel with a need-to-know.
- É Provide a list of responsible personnel, job titles and contact information.

If NO,

- É Explain why you do not participate in safety research and your Plan for participating in such programs in the future.

**13. Do you have standard operating procedures for managing track surface maintenance?**

Yes  No

If YES,

- É Provide written documentation of your track maintenance program including equipment used and water applied.
- É Provide examples of weather data collected.
- É Provide examples of daily measurement data collected and the methods used to collect data.
- É Provide examples of surface sampling analysis.
- É Describe equipment used on racing surfaces.

If NO,

- É Explain why you do not have written standard operating procedures for your racing surface maintenance.

**14. Do you participate in racetrack surface research studies and the uniform recording of daily track maintenance focusing on safety of dirt, turf and synthetic surfaces?**

Yes  No

If YES,

- É Attach one example of your communications regarding racetrack surface research study participation to your personnel with a need-to-know.

É Provide a list of responsible personnel, job titles and contact information.

If NO,

É Explain why you do not participate in racetrack surface research studies and your Plan for participating in such programs in future.

**15. Do you offer or make available continuing education for personnel involved in the safety and management of horses at your facility?**

Yes  No

If YES,

É Attach examples of your continuing education programs. For example:

- In-house training modules relevant to horse handling, such as handbooks or videos;
- Outside programs relevant to horse safety attended by your personnel; or,
- Training programs relevant to horse handling offered at your facility by outside organizations (such as Groom Elite, Groom Development, or ROAP Certificate Programs).

If NO,

É Explain why you do not offer continuing education and provide your Plan for participating in such programs in future.

**16. Does your regulatory body require continuing education for veterinarians?**

Yes  No

If YES,

É Describe which veterinarians have continuing education requirements. For example:

- Do Official Veterinarians have continuing education requirements?  
If yes, please describe the minimum requirements.
- Do Practicing Veterinarians have continuing education requirements?  
If yes, please describe the minimum requirements.

**17. Does your regulatory body require continuing education for trainers?**

Yes  No

If YES,

É Describe continuing education requirements for trainers. For example:

- How frequently is continuing education required?  
Please describe the minimum requirements/curriculum and methods for conducting education.

**18. Has your state regulatory body adopted the use of the Uniform National Trainers Test?**

Yes  No

If YES,

É Please provide a copy of the written test used in your state, signed by a steward (or appropriate testing official).

If NO,

É Provide a copy of the written test used in your state, signed by a steward (or appropriate testing official) and provide your advocacy plans for adoption of the Uniform National Trainers Test.

**19. Do all Stewards at your facility meet minimum standards for accreditation as established**

**by ARCI and the Racing Officials Accreditation Program (“ROAP”)?**

Yes  No

If YES,

É Provide confirmation that all Stewards meet the experience, education and examination requirements necessary to be accredited and are in good standing with all racing jurisdictions.

If NO,

É Explain why all of your Stewards are not accredited and submit your Plan to ensure that all Stewards are fully accredited in the future.

**20. Does your state regulatory authority participate in the Racing Regulatory Data Management System and regularly submit information regarding regulatory rulings on all licensees?**

Yes  No

If YES,

É Please provide a copy of the most recent submission to the Racing Regulatory Data Management System, signed by a steward.

If NO,

É Explain why your regulatory authority does not participate in the Racing Regulatory Data Management System.

**21. Do you have standard operating procedures for dealing with catastrophically injured horses at your racetrack(s) and training facilities?**

Yes  No

If YES,

É List veterinarian(s) in charge of responding to injured horses and indicate veterinarian's job title (Regulatory Veterinarian, Association Veterinarian, etc.).

É Provide written documentation of standard procedures for obtaining bio samples (blood, urine or tissue) prior to administration of euthanasia solution, signed by Veterinarian in Charge.

É Provide written documentation of standard procedures for the equine ambulance staff and veterinarians ministering to catastrophically injured horses, signed by the Veterinarian in Charge.

É Provide a written Plan for public communications regarding catastrophic injuries.

If NO,

É Explain why you do not have standard operating procedures for dealing with catastrophically injured horses and submit your Plan for such emergencies, including a Plan for public communications concerning catastrophic injuries.

**22. Does your track have an early warning system in place to warn personnel on the racetrack of loose horses?**

Yes  No

If YES,

É Describe the in place system.

É Provide written documentation of standard procedures for operating the system when it is necessary, signed by the person responsible for its operation.

If NO,

É Explain the procedures involved with warning personnel on the racetrack about loose horses..

**23. Do you maintain a Stewards' List?**

Yes  No

If YES,

- É List steward(s) in charge of maintaining such list and indicate steward's job title (Association Steward, State Steward).
- É Provide written explanation of the protocols involved to determine if a horse warrants addition to the list, signed by steward responsible for maintaining list.
- É Provide written explanation of the protocols and procedures for a horse being removed from the list, signed by steward responsible for maintaining list.
- É Provide documentation of states or jurisdictions with whom you share Stewards' List information, signed by steward responsible for maintaining list.
- É If applicable, provide confirmation that you utilize InCompass Solutions Race Track Operating System (iRTO) for sharing Stewards' Lists among jurisdictions.

If NO,

- É Explain why you do not maintain a Stewards' List and list alternative resources upon which you rely and provide a Plan for your future participation in a Stewards' List.

**24. Do you maintain a Starter's List?**

Yes  No

If YES,

- É Provide name and contact information for Head Starter.
- É Provide written explanation of the protocols involved to determine if a horse warrants addition to the list, signed by Head Starter.
- É Provide written explanation of the protocols and procedures for a horse being removed from the list, signed by Head Starter.
- É Provide documentation of states or jurisdictions with whom you share Starter's List information, signed by veterinarian in charge.
- É If applicable, provide confirmation that you utilize InCompass Solutions Race Track Operating System (iRTO) for sharing Starter's Lists among jurisdictions.

If NO,

- É Explain why you do not maintain a Starter's List and list alternative resources upon which you rely and provide a Plan for your future participation in a Starter's List.

**25. Do you have standard operating procedures for managing outbreak of infectious disease at your racetrack(s) and training facilities?**

Yes  No

If YES,

- É Provide written documentation of steps taken to reduce the potential risks associated with outbreak of infectious disease prior to an outbreak.
- É List veterinarian(s) in charge of responding to reports of outbreak of infectious disease and indicate veterinarian's job title (Official Veterinarian, Association Veterinarian, etc.).
- É Provide written documentation of standard procedures when there is an outbreak of an infectious disease.
- É Provide a written Plan for public communications regarding outbreak of infectious disease.

If NO,

- É Explain why you do not have standard procedures in place for dealing with outbreak and management of infectious disease and describe your Plan for future adoption of such procedures.

**26. Do you have standard operating procedures for managing fire safety at your racetrack(s) and training facilities?**

Yes  No

If YES,

- É Provide written documentation of standard procedures when there is a fire at your racetrack(s) or training facility.
- É Provide written documentation of steps taken to reduce risks of fire.

If NO,

- É Explain why you do not have standard procedures in place for dealing with fire safety and provide a Plan for future adoption of such procedures.

**27. Do you have a fire alarm system in your facility?**

Yes  No

If YES,

- É Provide documentation of the annual fire alarm inspection.

If NO,

- É Provide documentation of the annual fire alarm inspection.

**28. Do you have a fire sprinkler system in your facility?**

Yes  No

If YES,

- Provide documentation of the annual sprinkler inspection.

If NO,

- Explain your emergency procedure in the event of a fire.

**29. Do you have portable fire extinguishers in your facility?**

Yes  No

If YES,

- Provide documentation for the annual inspections

If NO,

- Explain why you do not have extinguishers or the inspection documentation.

**30. Do you have a clean agent or alternative fire suppression system in your facility?**

Yes  No

If YES,

- Provide documentation for the semi-annual inspections

If NO,

- Explain your plan for protecting sensitive electronic equipment from fire.

**31. Do you have emergency egress lighting at your facility?**

Yes  No

If YES,

- Provide documentation for the annual load test and monthly function test.

If NO,

- Explain your egress plan in the event of an emergency or power failure.

**32. Were there any deficiencies found at the time of the inspection, for any of the above life safety system?**

Yes  No

If YES,

- Provide documentation that these deficiencies were repaired within 60 days, including a letter of compliance from the repair contractor that the repairs were completed per the associated NFPA Standard as well as State and Local Codes.

If NO,

- Explain reason why the deficiencies were not repaired.

**33. Does your track have standard operating procedures for managing the safety of human athletes, equine athletes and racing participants in its saddling paddock and walking ring?**

Yes  No

If YES,

- É Provide written documentation of standard procedures for managing safety in the saddling paddock and walking rings, including the personnel involved with overseeing the procedures.

If NO,

- É Explain why you do not have standard procedures in place for managing safety in the saddling paddock and walking ring and provide a Plan for future adoption of such procedures.

**34. Does your track have a standing safety committee which meets regularly to discuss issues concerning safety at your track?**

Yes  No

If YES,

- É List member(s) groups represented on your safety committee.
- É Provide documentation of safety committee meetings (i.e. meeting agendas or meeting minutes).

If NO,

- É Explain why you do not have a standing safety committee and provide a Plan for future adoption of a safety committee.

**35. Does your track ensure that there are practicing veterinarians on duty at your track at all hours when there is either training or racing occurring?**

Yes  No

If YES,

- É Describe how your track ensures that there is practicing veterinarian coverage at all hours when there is either racing or training occurring.

If NO,

- É Explain why you do not ensure that there is adequate veterinarian coverage at your facility at all

times when either racing or training is occurring and provide a Plan to ensure veterinary coverage in the future.

**36. Are all House Rules in place at your track printed in the Condition Book?**

Yes  No

If YES,

É Provide a copy of a Condition Book with House Rules contained within.

If NO,

É Explain why you do not print House Rules in your Condition Book and explain how House Rules are communicated with licensees.

**D. Medication and Testing**

**1. Describe the procedure for drug testing at your facility.**

- a. How many horses are routinely selected to be sent to the test barn?
- b. Which horses are routinely selected to be sent to the test barn?
- c. What criteria are used to select non-routine horses for sampling?
- d. Are additional horses routinely selected for sampling in stakes races?

**2. Has your local regulatory authority adopted the Controlled Therapeutic Medication Schedule?**

Yes  No

If YES,

É Provide written documentation of your state regulatory body rule or regulation detailing adoption of the Controlled Therapeutic Medication Schedule.

If NO,

É Describe your efforts in advocating for adoption of the Controlled Therapeutic Medication Schedule.

**3. Has your local regulatory authority adopted the Multiple Medication Violation Penalty System?**

Yes  No

If YES,

É Provide written documentation of your state regulatory body rule or regulation detailing adoption of the Multiple Medication Violation Penalty System.

If NO,

É Describe your efforts in advocating for adoption of the Multiple Medication Violation Penalty System.

**4. Has your state adopted Penalties based on drug classifications for medication violations in a manner consistent with ARCI Model Rule 011-020 (B)?**

Yes  No

If YES,

É Please provide detailed drug and therapeutic medication penalties, by classification, signed by a steward or appropriate commission representative.

É If penalties are deemed a policy decision as opposed to encoded by rule, please provide documentation that the penalty classifications are followed, signed by a steward or appropriate



commission representative.

If NO,

É Please provide documentation of the existing drug and therapeutic medication penalties in place in your racing jurisdiction.

**5. Do you participate in testing for alkalinizing substances (TCO<sub>2</sub> or Milk-Shaking)?**

Yes  No

If YES,

É Provide written documentation of your state regulatory body rule or regulation or House Rule requiring testing for alkalinizing substances, signed by appropriate issuing authority.

É Provide written documentation of standard procedures for sample collection and handling, signed by the Veterinarian in Charge.

If NO,

É Explain why you do not participate in testing for alkalinizing substances and provide a Plan for testing in future and provide an advocacy Plan for adoption of rules or regulations in the future.

É Describe your efforts in advocating for adoption of regulations requiring testing for alkalinizing substances and correlating penalties for violations.

**6. Do you participate in testing for androgenic anabolic steroids for horses in training and competition?**

Yes  No

If YES,

É Provide written documentation of your state regulatory body rule or regulation or House Rule requiring testing for androgenic anabolic steroids, signed by appropriate issuing authority.

If NO,

É Explain why you do not participate in testing for androgenic anabolic steroids and provide an advocacy Plan for adoption of regulations on androgenic anabolic steroid testing.

É Describe your efforts in advocating for adoption of regulations requiring testing for androgenic anabolic steroids and correlating penalties for violations.

**7. Does your regulatory body regulate the use of Non-Steroidal Anti-Inflammatory Drugs (“NSAIDS”) in a manner consistent with ARCI Model Rule 011-020?**

Yes  No

If YES,

É Provide a copy of the state regulatory rule regarding the administration of NSAIDS, signed by the Regulatory Veterinarian.

If NO,

É Provide a copy of the state regulatory rule detailing that NSAIDS are not allowed to be administered on Race Day in your racing jurisdiction.

É Describe your efforts in advocating for adoption of regulations for use of NSAIDS and correlating penalties for violations.

**8. Does your regulatory body regulate and test for the use of furosemide (Salix®, Lasix®) in a manner consistent with ARCI Model Rule 011-020?**

Yes  No

If YES,

- É Provide a copy of the state regulatory rule regarding the use and administration of furosemide, signed by the Regulatory Veterinarian.
- É Describe the protocols involved with furosemide administration at your racetrack.
- É Provide documentation from the official laboratory detailing the use of specific gravity and/or appropriate serum threshold.

If NO,

- É Provide a copy of the state regulatory rule detailing the differences between the current rule in your jurisdiction and the identified model rule for the administration and regulation of furosemide.
- É Provide a Plan regarding advocacy for the adoption of a regulation concerning testing for and using furosemide (Salix®, Lasix®).
- É Describe your efforts in advocating for adoption of regulations for use of furosemide and correlating penalties for violations.

**9. Do you prohibit possession or use of blood doping agents?**

Yes  No

If YES,

- É Provide written documentation of your state regulatory body rule or regulation or House Rule regarding the prohibition of the possession or use of blood doping agents, signed by the appropriate issuing authority.

If NO,

- É Explain why you do not prohibit the possession or use of blood doping agents and your advocacy Plan for adoption of regulations on blood doping agents.

**10. Do you participate in out-of-competition testing for blood doping agents?**

Yes  No

If YES,

- É Provide written documentation of your state regulatory body rule or regulation or House Rule requiring out-of-competition testing for blood doping agents, signed by appropriate issuing authority.
- É Provide written documentation detailing the procedures for sample collection and chain of custody for out-of-competition samples.

If NO,

- É Explain why you do not participate in out-of-competition testing and provide an advocacy Plan for the adoption of regulations on out-of-competition testing.
- É Describe your efforts in advocating for adoption of an out-of-competition testing program and correlating penalties for violations.

**11. Do you regulate or prohibit the use of Extracorporeal Shock Wave Therapy or substantially similar procedures?**

Yes  No

If YES,

- É Provide written documentation of your state regulatory body rule or regulation or House Rule regarding the use of Extracorporeal Shock Wave Therapy or substantially similar procedures, signed by the appropriate issuing authority.

É If applicable, provide documentation on how the use of Extracorporeal Shock Wave Therapy or substantially similar procedures is controlled off association grounds.

If NO,

É Explain why you do not regulate or ban the use of Extracorporeal Shock Wave Therapy or substantially similar procedures and your advocacy Plan for adoption of regulations on Extracorporeal Shock Wave Therapy or substantially similar procedures.

É Describe your efforts in advocating for adoption of regulations for use of Extracorporeal Shock Wave Therapy and correlating penalties for violations.

**12. Do you regulate or prohibit the use of drugs, substances or medication that have not been approved by the United States Food and Drug Administration (“FDA”) for any use?**

Yes  No

If YES,

É Provide written documentation of your rule(s) regarding the use of Non-FDA Approved Drugs, substances or medications signed by the appropriate issuing authority.

If NO,

É Explain why you do not regulate or ban the use of Non-FDA Approved Drugs, substances or medications and your advocacy Plan for adoption of regulations on Non-FDA Approved Drugs.

**13. Does your state regulatory body freeze, store and conduct retrospective super testing of a suspect horse’s racing plasma and/or urine samples?**

Yes  No

**14. Have random inspections of test barn operations been performed in your facility anytime in the past?**

Yes  No

If YES,

É Provide written documentation of standard procedures for random inspections of test barn operations, signed by Veterinarian in Charge or individual responsible for overseeing inspections and giving dates of the most recent inspection(s).

If NO,

É Explain why you do not have random inspections of your test barn operations and provide a Plan for random inspections in future.

**15. Has the testing laboratory that is responsible for testing plasma and/or urine samples from your racing facility participated in the Racing Medication and Testing Consortium accreditation program?**

Yes  No

If YES,

É Provide written documentation that such participation has taken place, signed by the Laboratory Director or individual responsible for overseeing the testing facility.

If NO,

É Explain why the laboratory has not participated in the RMTC accreditation program.

É Describe Plans in place for the laboratory to participate in the RMTC accreditation program in the future.

**16. Has your regulatory body adopted Official Testing Laboratory performance standards and**

**quality control protocols that are consistent with RMTC's "Model Request for Proposals for Equine Drug Testing Laboratory"?**

Yes  No

If YES,

- É Provide a copy of the regulatory body's Official Testing Laboratory operating agreement ó redacted where reasonable to maintain pricing confidentiality. Or, provide a copy of your state regulatory body's most recent Official Testing Laboratory RFP, plus written documentation verifying that Official Testing Laboratory performance standards and quality control protocols are consistent with RMTC guidelines.

If NO,

- É Describe your efforts in advocating for adoption of Official Testing Laboratory operating standards and quality control protocols that are consistent with RMTC guidelines

**17. Does your track have a mechanism in place to communicate with horsemen and practicing veterinarians current medication and testing protocols and, when appropriate, proposed new, regulatory authority-approved changes to medication and testing regulations and protocols?**

Yes  No

If YES,

- É Describe the mechanism in place to communicate with horsemen and practicing veterinarians at your track current medication and testing protocols and, when appropriate, proposed new, regulatory authority-approved changes to medication and testing regulations and protocols.
- É If applicable, list member(s) groups represented on your medication communication committee.
- É Provide documentation of medication communication committee meetings (i.e. meeting agendas or meeting minutes).

If NO,

- É Explain why you do not have a mechanism in place to communicate with horsemen and practicing veterinarians at your track current medication and testing protocols and, when appropriate, proposed new, regulatory authority-approved changes to medication and testing regulations and protocols and provide a Plan for implementing a program in the future.

**E. Security**

**1. Do you have a detailed Security Plan for your racetrack, barn area and other restricted areas within your enclosure?**

Yes  No

If YES,

- É Provide written documentation of the Security Plan at your racetrack, signed by the Head of Security at your racetrack.

If NO,

- É Explain why you do not have a detailed Security Plan for your racetrack, barn area and other restricted areas within your enclosure and describe your Plan for implementing one in the future.

**2. Have you participated in an independent security assessment performed by a qualified security assessment organization in the past 12 months?**

Yes  No

If YES,

É Provide written documentation of the security procedures reviewed, including dates, signed by an authorized agent of the independent security assessment organization that conducted the review.

If NO,

É Explain why you have not participated in an independent security assessment and your Plan for securing an independent security assessment.

**3. Do you require all security staff to periodically participate in security training programs?**

Yes  No

If YES,

É Provide written documentation of security training modules, list training staff or agencies (including job titles) and give dates for most recent security training program.

If NO,

É Explain why you do not require all security training staff to periodically participate in security training programs and provide a Plan for implementing security training in future.

**F. Safety and Health of Jockeys**

**1. Do you follow standard procedures for weighing out and weighing in of jockeys?**

Yes  No

If YES,

É Provide written documentation of your state regulatory body rule or regulation, or your House Rule, regarding weighing of jockeys, signed by appropriate issuing authority.

É Provide written documentation of standard procedures for ensuring compliance with the rule(s) regarding the weighing of jockeys and name(s) and job title(s) of individual(s) responsible for enforcement.

É Attach one example of your communications to your personnel with a need-to-know regarding the procedures for weighing jockeys (such as an in-house memo).

If NO,

É Explain why you do not have standard procedures for weighing jockeys and provide your Plan for instituting such procedures in future.

**2. Does the scale of weights used at your racetrack(s) reflect the scale of weights recommended by the Model Rule ARCI-010-020(D)?**

Yes  No

If YES,

É Provide a copy of your state regulatory body rule or regulation concerning the jockey scale of weights.

If NO,

É Provide written documentation of the scale of weights currently used at your facility, signed by the person responsible for assigning weights for races.

**3. Do all the jockeys at your racetrack(s) participate in the InCompass Solutions' Jockey Health Information System database?**

Yes  No

If YES,

É Provide a written description of procedures in place to enable jockeys to input their health information into the system, signed by the person responsible.

É Provide examples of communication used to ensure the jockeys are aware of the system.

If NO,

É Explain why jockeys at your racetrack(s) are not participating in the Jockey Health Information System and describe Plans to ensure their future participation.

**4. Is your track participating in the Jockey Injury Database?**

Yes  No

If YES,

É List the person (s) responsible for providing data for the Jockey Injury Database.

É Provide an example (redacted, if necessary) of data provided to Jockey Injury Database.

If NO,

É Explain reasons for current non-participation and describe Plans for future participation.

**5. Does your track have written protocols and procedures in place to provide timely, quality medical care for those who are injured or become ill on racetrack grounds?**

Yes  No

If YES,

É Provide a written description of protocols and procedures in place to provide timely, qualified medical care for those who are injured or become ill on racetrack grounds.

É Provide the name and qualifications of the track medical director or other responsible party who oversees all racetrack emergency services.

É Provide the name(s) and qualifications of track emergency medical personnel, including Nurse(s), Medical Doctor(s), Paramedic(s), Emergency Medical Technician(s), and transportation provider(s).

É Describe staffing of emergency medical personnel, including quantity of and location(s) where personnel are detailed, at all times when there is either racing or training taking place at your facility.

É Describe the facility(ies) in place at your track for emergency medical care, including equipment available for treatment.

É Describe the protocols in place for transportation of injured personnel to emergency medical facility(ies) including those off the grounds.

É Describe the equipment used to transport injured personnel to local hospitals/trauma centers.

É List the name(s) of area hospitals with which your track has a relationship provide a general description of the hospitals' level of care (including level of trauma care provided).

If NO,

É Explain why you do not have protocols and procedures in place for providing timely, quality medical care for those who become ill or are injured on racetrack grounds and provide a Plan for submitting one.

**6. Has your regulatory authority adopted the Model Rule ARCI-008-030(A)(2) and (3) concerning the qualifications required for jockeys to be eligible to compete?**

Yes  No

If YES,

É Provide a copy of your state regulatory body rule or regulation concerning the qualifications required for jockeys to compete.

If NO,

É Provide a written description of the licensing and eligibility requirements for jockeys and provide your advocacy Plans for adoption of the Model Rule.

**7. Does your racetrack(s) maintain a minimum of \$1,000,000 per incident insurance policy for all jockey participants?**

Yes  No

If YES,

É Provide evidence that a policy exists.

É Provide examples of communication to jockeys making them aware of what insurance coverage is in place on their behalf.

If NO,

É Explain what insurance is in place for jockeys and describe your Plans to provide a \$1,000,000 policy in the future.

**8. Do you and/or racing participants who compete at your racetrack(s) support programs geared toward funding jockey disability support?**

Yes  No

If YES,

É Provide examples of ways in which you either support jockey disability programs or encourage support from participants at your racetrack(s).

É Provide examples of your public endorsements of jockey disability programs.

If NO,

É Explain why you do not support or encourage support by participants in racing at your racetrack(s) of any jockey disability programs and describe your Plans for future support of programs geared toward funding jockey disability support.

**9. Do you have written protocols regarding the initiation of scratches in the paddock, post parade or at the starting gate?**

Yes  No

If YES,

É Provide the written protocols in place to initiate scratches in the paddock, post parade and at the starting gate.

É Describe the communication between jockeys, trainers, Official Veterinarians and Stewards regarding the scratch process.

If NO,

É Explain why you do not have written protocols in place concerning scratching of horses in the paddock, in the post parade, or at the starting gate and provide a Plan for the adoption of these protocols.

**10. Do you have written protocols regarding the cancelation of racing due to inclement weather or hazardous racing conditions?**

Yes  No

If YES,

- É Provide the written protocols in place to cancel racing due to inclement weather or hazardous racing conditions.
- É Describe the communication between jockeys, trainers, Official Veterinarians and Stewards regarding the cancelation process.

If NO,

- É Explain why you do not have written protocols in place concerning the cancelation of racing due to inclement weather or hazardous racing conditions and provide a Plan for the adoption of these protocols.

### **G. Aftercare and Transition of Retired Racehorses**

#### **1. Do you support programs to facilitate the transition and aftercare of retired racehorses?**

Yes  No

If YES,

- É Provide examples of ways in which you participate in funding for equine transition programs, such as a starter fee, statutory check-off for purses or handle, public fundraiser(s) for equine retirement organization(s), direct contributions to equine retirement organizations, etc.
- É Provide a description of any on-site racehorse transition facility, including names and job titles of personnel (if applicable).
- É Provide examples of your public endorsements of equine retirement, such as Web links, track program ads, Public Service Announcements on in-house monitors, etc.
- É Provide examples of your communications to horsemen and owners in which you give contact information for organizations that place horses in transition.
- É Describe any state-funded racehorse transition programs you participate in.
- É Provide written documentation of any House Rule you have regarding zero tolerance policies for horses sent to slaughter (if applicable). Include at least one example of public communications to horsemen regarding this policy.

If NO,

- É Explain why you do not support any programs to facilitate the transition and aftercare of retired racehorses and submit any Plans for future participation in such programs.

### **H. Wagering Security**

#### **1. Does your racetrack(s) have specific protocols in place for stop wagering devices and the chain of command for their operation?**

Yes  No

If YES,

- É Provide written documentation of the protocols in place for stop wagering devices and chain of command.
- É Provide written documentation of the protocols in place for situations when there is a malfunction of the stop wagering device.

If NO,

- É How does your racetrack(s) close the pools at the beginning of a race?

#### **2. Does your racetrack(s) have the right to request and receive transactional data from guest**



**sites and their totalisator company?**

Yes  No

If YES,

É Provide documentation of the written agreement between you as a host and a guest that stipulates the right to receive transactional wagering data.

If NO,

É Explain why you do not have the right to request and receive transactional data from your guest sites and describe your Plan to secure such information in the future.

**3. Does your totalisator provider meet the standards set forth in the Statement on Auditing Standard 70 (SAS70) and/or the Statement on Standards for Attestation Engagements 16 (SSAE16)?**

Yes  No

If YES,

É Provide a written copy of the audit opinion provided to your totalisator provider indicating they meet the standards set forth in the Statement on Auditing Standard 70 or the Statement on Standards for Attestation Engagements 16, signed by the person responsible for relationships with your totalisator provider.

If NO,

É Explain why your totalisator provider has not met the Statement on Auditing Standard 70 or the Statement on Standards for Attestation Engagements 16 and describe your plan for corrective measures in this area.

**4. Has your totalisator provider had its equipment tested, reviewed, and reported on by an independent equipment certification provider?**

Yes  No

If YES,

É Provide a written copy of the report provided to your totalisator provider indicating their equipment was tested, reviewed, and reported on by an independent equipment certification provider, signed by the person responsible for relationships with your totalisator provider.

If NO,

É Explain why your totalisator provider has not had its equipment tested, reviewed and reported on by an equipment certification provider and describe your Plan to secure such review and reporting in the future.

**5. Do you or your regulatory authority allow wagers into your pools from jurisdictions/facilities that allow cancel delays of any length of time?**

Yes  No

If YES,

É Explain any Plan in place to advocate for changing the policy allowing wagers into your pools from jurisdictions/facilities that allow cancel delays.

**6. Do you or your regulatory authority allow wagers into your pools from jurisdictions/facilities that have "double-hopped" from secondary jurisdictions/facilities?**

Yes  No

If YES,

É Explain any Plan in place to advocate for changing the policy allowing wagers into your pools from jurisdictions/facilities that allow "double hops."

**7. Do you have protocols in place to make decisions whether to include or exclude guest wager pools from your wagering pools when active timing of wagers placed cannot be verified?**

Yes  No

If YES,

É Describe, in written detail, the process that takes place concerning exclusion of guest wagers from your wagering pools.

If NO,

É Explain why there are no protocols in place that are implemented in cases when timing of guest pool wagers cannot be verified and provide your Plan to implement such protocols in the future.

**8. Do you have a policy in place that determines your actions taken, as a guest, when your wagers are not included in a host's wagering pools?**

Yes  No

If YES,

É Describe, in written detail, the policy concerning exclusion of wagers placed when you are a guest in wagering pools.

É Describe, and give examples of, the communication to customers explaining your policy for handling exclusion from a host's wagering pools.

If NO,

É Explain why there is no policy in place for handling exclusion from a host's wagering pools and provide your Plan for implementing such a policy in the future.

**9. Are your races broadcast and recorded with a timestamp display synchronized with atomic time in an Hours, Minutes, and Seconds format (HH:MM:SS)?**

Yes  No

If YES,

É What atomic clock do you synchronize the video broadcast with?

É Is the broadcast display synchronized with the totalisator record?

É How frequently are the times synchronized?

É Please provide evidence (still photo or DVD of a race running) that clearly displays atomic time on your broadcast.

If NO,

É Explain why races are not broadcast and recorded with timestamping and describe your Plan for implementing timestamp procedures in the future.

**10. Is your totalisator record keeping timestamped and synchronized with atomic time?**

Yes  No

If YES,

É What atomic clock do you synchronize the video broadcast with?

É Do you keep a log of last wager received and the official start of every race?

É Please provide a sample of the wager log and official start log.

If NO,

É Explain why there is no timestamp on totalisator logs and official start records and describe your Plan for implementing such a protocol in the future.

**11. What version of ITSP (“Intertote System Protocol”) software is your totalisator provider operating under?**

**12. Do you have protocols in place that you enact upon suspicion of a Wagering Incident?**

Yes  No

If YES,

É Describe, in written detail, the protocols in place that are enacted upon suspicion of a Wagering Incident.

If NO,

É Explain why you do not have protocols in place that are enacted upon suspicion of a Wagering Incident and describe your Plan for implementing such protocols in the future.

**13. Do you have protocols in place for communications to the public regarding investigations of Wagering Incidents?**

Yes  No

If YES,

É Describe, in written detail, the protocols in place for communications to the public regarding investigations of Wagering Incidents.

If NO,

É Explain why you do not have protocols in place for communications to the public regarding investigations of Wagering Incidents and describes your future Plans to implement a public communications strategy.

**14. Describe and give examples of communications regarding the mechanism in place by which the public can report Wagering Incidents.**

**15. Do you have protocols in place to perform due diligence on wagering entities seeking access to your wagering pools?**

Yes  No

If YES,

É Describe, in written detail, the protocols implemented to perform due diligence on wagering entities seeking access to your wagering pools.

If NO,

É Explain why you do not have protocols implemented to perform due diligence on wagering entities seeking access to your wagering pools and describe your Plan for implementing a due diligence program in the future.

**16. Do you allow wagers into your pools from computer or robotic assisted wagering entities?**

Yes  No

If YES,

É What due diligence is conducted on these wagering entities?

É If these entities are allowed into your betting pools, are these wagers placed by these entities time-stamped?

- É When are the wagers time-stamped (at the time the wager is placed or at the time it is transferred to the pool from the hub)?
- É What is the cancelation policy for wagers placed by computer assistance or robotically?

**I. Compliance Program**

**1. Do you have a Compliance Program in place?**

Yes  No

If YES,

É Please attach documentation demonstrating the design, implementation and maintenance of your Compliance Program.

É Is your Compliance Program prepared in accordance with compliance guidelines issued by NTRA Safety & Integrity Alliance?

É Who is your Compliance Officer?

If NO,

É Why not?

É Describe your Plans to implement an effective Compliance Program in the future.

**J. Other**

**1. Do you offer other programs or utilize other types of safety equipment not otherwise listed above? (For example, safety rail on racetrack, etc.)**

Yes  No

If YES, list and describe.